2207 Finfeather Road, Bryan, Texas 77801

Phone # 979-209-5260   Fax # 979-779-8438

Adoption Application

TO BE CONSIDERED A POTENTIAL ADOPTER, YOU MUST:

1. Be 18 years of age or older;

2. Have identification showing your present address;

3. Have the knowledge and consent of your landlord;

4. Be able and willing to spend the time and money necessary to provide vaccinations, medical treatment, training, and proper care for a pet;

5. Not be adopting an animal for a gift;

6. Not have had an animal who has died of a contagious disease within the last six weeks;

7. Complete this form in its entirety;

8. Be willing to undergo and consent to a background check;

9. Be willing to undergo and consent to a home inspection;

10. Not use or plan to use the animal in a cruel or inhumane manner, including fighting;

11. Abide by State statutes and local ordinances regarding animals;

12. Pay the adoption fees;

13. Spay/neuter the animal, if it has not already been completed, within thirty (30) days of adoption;

14. Provide proof of rabies vaccine for the adopted animal within thirty (30) days of adoption;

15. Provide the animal with the care necessary to give it the best chance at a happy and healthy life; this care includes annual exams, vaccinations, dental care, and additional veterinary care in the event of illness or injury;

16. Agree the City of Bryan is not responsible for veterinarian biils/medication/etc. that occur after this adoption.; and,

17. Agree animals can cause damage and the City of Bryan is not responsible for damage caused by adopted animals.

IF YOU MEET THE ABOVE QUALIFICATIONS AND AGREE TO THE REQUIREMENTS ANT TERMS, COMPLETE THE FOLLOWING INFORMATION:

First Name	
Last Name	
Physical Address	
Mailing Address	
City	
State	
Zip	
Home Phone	
Cell Phone	
Work Phone	
Driver's License No.	
Name of Employer	
Email Address	
Vet's Name	
Vet's Phone Number	

1. I am interested in adopting a: Dog___   Puppy___   Cat___   Kitten___

2. I would like to adopt a: Male___   Female___   Either___

3. I am interested in the following animal at the BAC:

a. Pet's Name:	
b. Breed:	
c. Color:	
d. Markings:	
e. Sterilized:	Yes___ No___

4. Why are you interested in adopting:

_____

_____

_____

5. Is this your first experience with a pet: Yes___   No___

6. When home alone, the animal will be (check all that apply):
Crated___ Indoors___ Outdoors___ Penned___ Kenneled___ Loose___

7. Do you currently own pets: Yes___ No___

8. If yes to the above question, provide the following:

a. Pet(s) Name:	a.	b.	c.
b. Breed(s):	a.	b.	c.
c. Age(s):	a.	b.	c.
d. Sterilized:	a.	b.	c.
e. Inside or Outside:	a.	b.	c.
f. Health Condition(s):	a.	b.	c.

9. How many animals have you owned in the past five (5) years: _____

10. List other pets owned in last five years, if different than Questions 6 and 7.

a. Pet(s) name):	a.	b.	c.
b. Breed(s):	a.	b.	c.
c. Current Status:	a.	b.	c.
d. If died, cause of death:	a.	b.	c.

11. Do you currently reside in a: House___ Apartment___ Other___

12. If you rent, does your lease allow pets: Yes___ No___

13. If you rent, provide landlord's contact information:

a. Name:	
b. Phone Number:	

14. Does everyone living with you know you plan to adopt an animal: Yes___ No___

15. If children at home, what are their ages:

16. Is anyone in your household allergic to animals: Yes___ No___

17. Do you have:

a. fenced yard___ If yes, type of fence: _____

b. dog-door___

c. swimming pool___ If yes, does it have a barrier or fence around it: Yes___ No___

18. I understand the City of Bryan is not responsible for veterinarian biils/medication/etc. that occur after this adoption. I undertand animals can cause damage and the City of Bryan is not responsible for damage caused by adopted animals.

19. Signature:	
20. Date:	

BAC STAFF ONLY:

Approved: Yes___ No___

If denied, reasoning:

_____

_____

If approved, provide the following; if not approved, leave blank:

Animal Selected:	
Animal Name:	
Animal Type:	
Primary Breed:	
Sex:	
Primary Color:	
Secondary Color:	
Markings:	
Altered:	
Take Home Date:	

Required:	
BAC Staff Signature:	
Date:	